

# NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

SM 092111 0001

Date In: 18/11/21 09:26	Job description	Date & Time Completed	Done by
Ref No: MAI FWD 21090785164	SAS e-Mailing		
Veh No: SJT 5709H	E-mail (within 3hrs, AIC 2hrs)		
IP A: 16/11/21 00:30	I-Motor Claim Form		
OH: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SLV 1161D	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-in ( ) / Towed-in ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks	INC / Non-INC	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Damage Description	Damage Location

NA 2100965	Invoice / Insurance Credit
Driver/Owner:	1) AR: Accident Reporting (\$30);
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OD:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	9) NI: Idao Mobile \$0
	Invoice dated
	Fee Charged
	Fee Charged

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	18/01/2021 09:26 (SGT)
Date of Accident	16/01/2021 00:30 (SGT)
Exact Location of Accident	Tanjong Pagar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5709H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOO HAN KWANG
NRIC No	SXXXX283A
Email Address	DAIHONGLOO@GMAIL.COM
Mobile Phone No	(Phone) +65-96349158
Alternative Phone No	+65-96349158

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00010024
Cover Note Number	-

#### DRIVER

Name of Driver	LOO DAI HONG
NRIC No	SXXXX108B
Date Of Birth	05/09/1996
Occupation	Indoor

Date Of Driving Pass .....	15/11/2016
Driving experience .....	4 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96349158
Alt. Phone Number .....	-
Email Address .....	DAIHONGLOO@GMAIL.COM
Address .....	BLK 461A YISHUNAVE 6 #11-1031
Address complement .....	-
Postcode .....	761461
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICEREPORT T/20210116/7042

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLV1161D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LOO DAI HONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJT5709H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

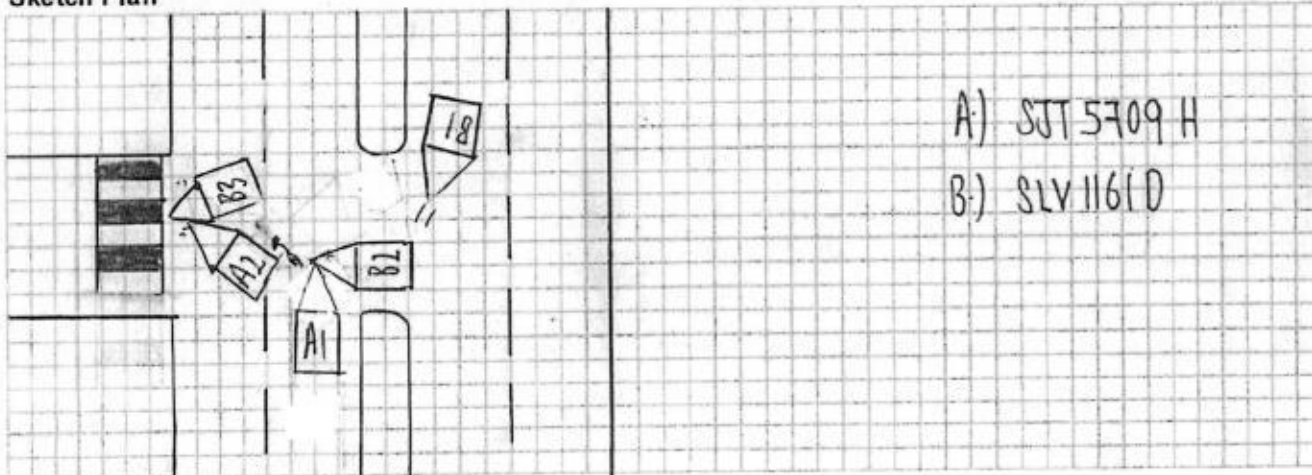
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

Refer to the attached Police Report No : T/2021/0116 / 7042 .

**Declaration**

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20210116/7042

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210116/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2021 05:00		Vide Report No.: A/20210116/0008		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOO DAI HONG			Address: 461A YISHUN AVENUE 6 #11-1031 SINGAPORE 761461		
ID Type / ID No.: NRIC NO / S9632108B			Contact No.: Home/Office:		Mobile: 96349158
Nationality: SINGAPORE CITIZEN			Email: DAIHONGLOO@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 05/09/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self-employed			Driving Licence Information: Class: 3A		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2021 00:30	Type of Location: T-Junction
Location:  GOPENG STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJT5709H	Car	VOLKSWAGO N	GOLF 1.4	Red	Seriously Damaged	0
SLV1161D	Car	HYUNDAI	Elantra	White	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210116/7042

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210116/7042

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT5709H	FWD Singapore Pte. Ltd			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOO DAI HONG		ID No.	S9632108B
Related Vehicle	SJT5709H (Car)		Contact No.	96349158
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	16/01/2021		Date	16/01/2021
No. of Days granted Medical Leave	07		Degree of	Slight
Driver				
Name	DAVIS ERIC CHAN YONG CHUA		ID No.	S1423760G
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

**Brief Details.**

Traveling on tanjong pagar towards keppel. Suddenly there was this car SLV1161D which was going at the oppsite direction, turning to gopeng street without stoping nor the signal was on. I applied the ebrake on my car, the wheel got lock up i tried to avoid SLV1161D by dodging to the left but he did not stop and we collided. My car was ended up at the oppsite direction of gopeng st and his car was on the pavement. My car air bags was depolyed and was in a shock and black out for around 40second to 1 min till a passer by who saw the incident opened my door to call me and helped me out of the car. Traffic police was at scene. Ambulance was at seen to check on both drivers the other party was conveyed. After my car was tow i went to mount alvernia hospital where i was giving 7 days MC for the pain and suffering (Dizziness, both hand muscle was badly strain, neck pain, back pain and pain on the right leg).





**SINGAPORE  
POLICE FORCE**



T/20210116/7042

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210116/7042

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20210116/7042

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210116/7042

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NG BEIFENG  
Contact No.: 65476845

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/01/2021 05:00

Classification Of Case:



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER:** PNPV2020-00010024 (Comprehensive - Classic Plan)

**Car plate number:** SJT5709H

**Your name (As the policyholder):** Loo Han Kwang

**Coverage start date:** 31/10/2020

**Coverage end date:** 30/10/2021

**Covered geographical area:** Singapore, West Malaysia and Southern Thailand

**Who is insured to drive:**

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

**Important things to know:**

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

**Finance company:** Ricardo

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

**Issued on:** 08/09/2020

Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

Date of Accident : 16.01.2021 Accident Time: 12.30 am (24-HR-Format)  
Accident Place : Tanjung pagar Towards Keppel  
Vehicle. No. (Car Plate No.) : SJT 5709H Make/Model: Volkswagen Golf.  
Insurance Company : FWD Policy No: PNPV 2020 - 00010024  
Owner or Company Name /IC No. : Loo Han Kwang (S1737283A)  
Owner or Company Contact No. : - Owner's Hp - Company Tel  
DRIVER'S Name / IC No. : Loo Dai Hong (S9632108B)  
DRIVER'S Date Of Birth : 05.09.1996 DRIVER'S License Pass Date 15.11.2016  
Relationship of Owner & Driver : Spouse ~~Parents~~ \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : Blk 461A Yishun Avenue 6 # 11-1031 (S) 761461.  
DRIVER'S Contact No./ Alt No. : 1) 9634 9158 2)  
DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)  
Email Address : daihongloo@gmail.com  
Weather & Road Surface : ~~CLEAR & DRY~~ \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ ~~Claim Other Party~~ \ Claim Own Insurance  
Number of Passengers (Including Driver): 1 Driver  
Was there any video Captured by car camera: YES \ ~~NO~~  
Exact purpose for which vehicle was being used at the time of accident: ~~Private use~~ \ Work purpose  
Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

Vehicle. No: SLV 1161 D  
Vehicle Make/Model:  
Name Driver:  
IC No. Driver/Contact:

Vehicle. No:  
Vehicle Make/Model:  
Name Driver:  
IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

